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Atty Docket No. 025991-000110U3

PTO FAX NO.: 1-571-273-8300

ATTENTION: Examiner Kenneth S. Kim

Group Art Unit 2111

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EXAMINER KENNETH S. KIM**

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following documents in re Application of Sivaram Krishnan et al., Application No. 10/644,226, filed August 19, 2003 for PROCESSOR ARCHITECTURE FOR EXECUTING TWO DIFFERENT FIXED-LENGTH INSTRUCTION SETS are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Documents Attached

1. SB/21 Transmittal Form (1 page)
2. SB/22 Extension of Time (in duplicate) (2 pages)
3. Amendment (11 pages)

Number of pages being transmitted, including this page: 15

Dated: September 26, 2006


Krista K. Merrimac

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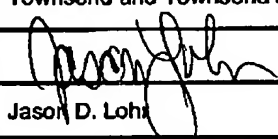
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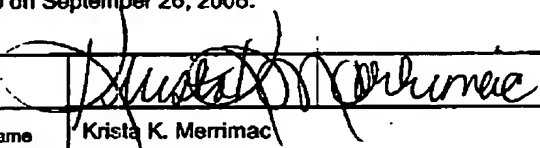
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PTO/SB/21 (07-06)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/644,226
	Filing Date	August 19, 2003
	First Named Inventor	Krishnan, Sivaram
	Art Unit	2111
	Examiner Name	Kenneth S. Kim
	Attorney Docket Number	025991-000110US
Total Number of Pages in This Submission	15	

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to T <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Facsimile Transmittal
Remarks: The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Townsend and Townsend and Crew LLP		
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Printed name	Jason D. Lohr		
Date	September 26, 2006	Reg. No.	48,163

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